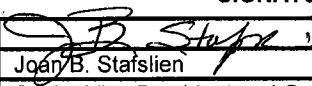


REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/726202
	Filing Date	December 01, 2003
	First Named Inventor	BATCH, RICHARD M.
	Title	SYSTEM AND METHOD FOR ANALYZING MEDICAL TREATMENT DATA
	Art Unit	3735
	Examiner Name	Christine D. Hopkins
Attorney Docket Number		080623-0484

I hereby revoke all previous powers of attorney given in the above-identified application.			
<input type="checkbox"/> A Power of Attorney is submitted herewith.		<div style="border: 1px solid black; width: 150px; height: 40px; margin: 0 auto; text-align: center;">41552</div>	
OR <input checked="" type="checkbox"/> I hereby appoint the practitioners associated with the Customer Number:			
<input checked="" type="checkbox"/> Please change the correspondence address for the above-identified application to:			
<input checked="" type="checkbox"/> The address associated with Customer Number:		<div style="border: 1px solid black; width: 150px; height: 40px; margin: 0 auto; text-align: center;">41552</div>	
OR			
<input checked="" type="checkbox"/> Firm or Individual Name	McDermott Will & Emery LLP		
Address	4370 La Jolla Village Drive, Suite 700		
City	San Diego	State	CA Zip 92122
Country	USA		
Telephone	858.643.1400	Email	jhankins@mwe.com
I am the:			
<input type="checkbox"/> Applicant/Inventor.			
<input checked="" type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71. <i>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)</i>			
SIGNATURE of Applicant or Assignee of Record			
Signature			Date 10/27/2008
Name	Joany B. Stafslien		Telephone 858.643.1432
Title and Company	Senior Vice President and General Counsel, Cardinal Health 303, Inc.		
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.			
<input checked="" type="checkbox"/> *Total of 2 forms are submitted.			